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3 - 21 June 1991, New York
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Tunisia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$10 million, of which $5 million is to be committed from UNFPA regular resources. If UNFPA's funding situation permits, the balance of up to $5 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Tunisia United Nations United Nations Educational, Scientific and Cultural Organization (UNESCO) National and international non-governmental organizations (NGOs)
Government co-ordinating agency:	Ministry of Planning and Regional Development

READEX
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TUNISIA

Demographic facts

Population Total (000)	
Total	8,169
Males	4,132
Females	4,036
Sex ratio (/100 females)	102.4
Urban	4,439
Rural	3,730
Per cent urban	54.3
Population in year 2000 (000)	9,821
Functional age groups (%)	
Young child: 0-4	13.4
Child: 5-14	24.4
Youth: 15-24	20.5
Elderly: 60+	6.4
65+	4.0
Women: 15-49	24.6
Median age (years)	20.8
Dependency ratios: total	71.8
(/100) Aged 0-14	64.9
Aged 65+	6.9
Agricultural population density (/hectare of arable land)	0.61
Population density (/sq. km.)	50
Average annual change (000)	
Population increase	170
Births	226
Deaths	56
Net migration	0
Annual population total (% growth)	1.98
Urban	2.66
Rural	1.14
Crude birth rate (/1000)	26.3
Crude death rate (/1000)	6.5
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	3.38
Gross reproduction rate (/woman)	1.65
Net reproduction rate (/woman)	1.51
Infant mortality rate (/1000)	47
Life expectancy at birth (years)	
Males	66.6
Females	68.4
Both sexes	67.4
GNP per capita (U.S. dollars, 1988)	1,230

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive programme in the amount of $10 million, of which $5 million would be committed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Tunisia in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $5 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources.

2. The proposed programme of assistance, UNFPA's fifth, is based on the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Tunisia in April 1990. The mission worked in close collaboration with government officials as well as with non-governmental organizations (NGOs) active in Tunisia. The proposed programme would be closely linked to Tunisia's eighth development plan, for 1992-1996, and is designed along the lines of the Government's population strategy and on the basis of lessons learned from population activities implemented under previous programmes.

3. The overall objectives of the programme would be: (a) to assist in the preparation and formulation of a cohesive population policy; (b) to support research on population dynamics and on the interrelationship of demographic, social and economic variables; (c) to promote integration of population variables into development planning; (d) to decrease the maternal mortality rate; (e) to reduce the national fertility rate and reduce discrepancies between regions; and (f) to improve the general well-being of women by upgrading the quality of family planning services, by creating awareness on women's role in society and by enhancing their involvement in the economy of the country.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Declining fertility rates since 1966 have changed the structure of the Tunisian population. The proportion of the population aged 15 and under has decreased, which in turn has led to a decrease in the dependency ratio (currently at 65.8) and an increase in the size of the economically active population (age 15-60). This has been accompanied by a marked increase in life expectancy, from 57 years in 1975-1980 to 67.4 years in 1988, and a significant decrease in infant mortality from 156 per 1,000 in 1966 to 50 per 1,000 in 1988. Support for maternal health has been insufficient, however, owing to a lack of accurate data on maternal mortality and to the fact that maternal health services are provided as auxiliary services at maternal and child health (MCH) centres.

6. Fertility rates vary from region to region and between urban and rural areas within regions. This is also true of contraceptive use, which ranges from 64 per cent in Tunis to 31.5 per cent in the western-

central region, where 15 per cent of the population lives. Rural-to-urban migration is on the rise, particularly among youth, who migrate to urban areas in search of work.

7. According to the 1988 national demographic and health survey, there is a large gap between knowledge and use of family planning methods -- 98 per cent versus 50 per cent of women of reproductive age. This is due in part to the scattered nature of rural settlements and the consequent inaccessibility or unavailability of health care and family planning services, the high illiteracy rate and isolation of women living in rural areas, and the high cost of broadcast information campaigns. It also reflects the fact that one third of the country's basic health centres currently do not offer family planning services.

8. Although enrolment in primary school is reported to be high, the educational system in Tunisia has experienced some shortcomings, including the quality of the curricula. Boys generally fare better than girls, who have lower attendance and higher drop-out rates, especially in rural areas.

9. Following the enumeration of the 1966 census, which indicated an accelerated population growth rate, and in response to increased costs of health and education programmes and to the difficulties of providing jobs for all of its citizens, the Government of Tunisia launched a national programme to strike a balance between population growth and economic and social development. Much of Tunisia's initial success in this undertaking was the result of the early institution of a national family planning programme, the exceptional economic growth of the country during the 1970s and increased educational and economic opportunities for women. Other achievements included the improvement of women's status through the promulgation of the Code for Personal Status in 1956, which accelerated the involvement of women in the economic process.

10. By the end of the 1970s, however, the family planning programme reached a plateau. This was due to, among other things: (a) the lack of effective information, education and communication (IEC) in support of family planning service delivery; (b) the failure adequately to identify and serve target groups; (c) the inadequacy of refresher training; and (d) the rapid turnover of staff. The stagnation of the programme coincided with economic and social problems facing the Government as a result of the drop in oil prices and the repatriation of migrants from Europe and the Libyan Arab Jamahiriya.

11. Since that time, however, the National Office for the Family and Population (ONFP), which is responsible for carrying out Tunisia's family planning programme, has devised new strategies for its programmes, giving new impetus to its efforts. The degree to which it has succeeded is evidenced by the fact that Tunisia received the United Nations Population Award in 1987.

12. In spite of its status as a middle-income country, Tunisia requires inputs from other donor agencies, as it cannot fully assume the costs of a population programme at this time. This is due in part to the fact that the Government is currently engaged in an economic restructuring programme. To assure self-reliance in the long term, the Government will seek external resources for investment in the public sector as well as develop the private sector for delivery of family planning services.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. UNFPA's assistance to Tunisia began in 1974 by providing support for strengthening the structures of ONFP. This was done on a project-by-project basis until 1981. The first (1974-1978) and second

programmes (1978-1981) provided continuing support for MCH/FP activities and IEC, including new training programmes for medical and paramedical personnel. Following a basic needs assessment mission in 1980, the Governing Council approved $5 million for the third programme (1982-1985), which was later extended to 1986. Evaluation exercises in 1985-1986 called for a multisectoral approach to push the family planning programme beyond the plateau it had reached. This led to the development of the Fund's fourth country programme ($3.5 million for 1987-1991), which emphasized programme management and co-ordination, as well as research and evaluation in the health and education sectors. Further allocations in support of the MCH/FP programme and the provision of needed contraceptives brought the total programme budget to $5 million.

Maternal and child health and family planning

14. UNFPA is supporting the Government's strategy of targeting assistance to rural areas, devoting 60 per cent of the budget under the current programme to these areas. The Université Libre de Bruxelles is providing technical assistance. The activities undertaken have improved family health service delivery by upgrading and integrating MCH and family planning services in selected areas. This was achieved in spite of a high turn-over of regional officials and MCH/FP medical and paramedical staff. The success of these efforts encouraged ONFP to extend such integration to the rest of the country. However, two major weaknesses were encountered: the insufficient support given to the IEC component and that intended for strengthening management, monitoring and evaluation. Co-ordination among donors was also insufficient.

Information, education and communication

15. In the current programme, 15 per cent of assistance is dedicated to the revitalization and broadening of population education. A project aimed at the primary school system has helped to develop approaches and methodologies to integrate concepts of population into the curricula and training of teachers. The last phase, the actual teaching of population education, is starting now. UNFPA has also been supporting the integration of population education into the curricula of secondary schools since 1975, but this is not yet complete. UNFPA is assisting the Higher Institute for Education and Post-Graduate Training in developing a self-training method through the production of population training modules, the organization of regional conferences and the development of research activities.

Population policy formulation

16. UNFPA has provided only limited assistance to this sector, primarily in the form of technical assistance for strengthening the capacity of the Institute for Research and Studies in Population (IREP). The UNFPA project has helped provide data to develop population projections, methodologies and approaches for integrating population dynamics into development planning; initiate population policy research; and develop a management and information system. However, integration of these activities is not yet complete, nor is institution-building within IREP. UNFPA assistance has also helped strengthen the monitoring system on civil data, a project that would have benefited from added quality control in civil registration and vital statistics.

Women, population and development

17. UNFPA is supporting a project, in collaboration with United Nations Educational, Scientific and Cultural Organization (UNESCO), for the training of trainers in women's centres. The project started in

late 1989, but the transfer of the Division for Women's Training and Education from the Ministry of Social Affairs to the Ministry of Vocational Training and Employment slowed down project implementation during the first semester of 1990. The technical capacities of the trainees must be strengthened in order to achieve the project's objectives. At the end of 1989, UNFPA approved a project for the training of trainers of the General Directorate for Social Promotion. This is expected to have a multiplier effect on awareness creation. The overall objective of the Directorate, which has an audience of more than 1,000, is to upgrade the education level of young adults.

Other external assistance

18. A substantial part of population assistance in Tunisia is provided by UNFPA. Other organizations, the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and the World Bank, have provided support almost exclusively to the health sector. WHO support, in the amount of $1.8 million for 1990-1991, focuses on providing basic maternal and child health services, strengthening the vaccination programme, training personnel in and improving data collection and data analysis, increasing awareness of AIDS and conducting biomedical research. UNICEF support of $1.5 million for 1987-1991 covers immunization and health education in primary schools. Two World Bank loans supported the construction and equipment of 33 hospital centres and 225 health centres as well as maintenance of 100 other centres and 6 health schools. UNESCO, besides executing UNFPA-funded projects, supports pilot vocational training for women. The United Nations Development Programme (UNDP) has participated with WHO in a project of AIDS prevention.

19. The United States Agency for International Development (USAID) has contributed $45 million to family planning programmes, which has been used, inter alia, to construct 74 health centres, train medical and paramedical personnel, strengthen family planning services and provide vehicles and contraceptives. USAID has also developed a programme in the amount of $7.5 million over 5 years (1986-1990) to integrate family planning modules into basic education of health schools and to promote social marketing. The USAID current programme of assistance ends in December 1990. Further involvement will probably be limited to IEC and to the social marketing of contraceptives.

20. Other donors active in population activities include Canada, which contributes to UNICEF's vaccination programme; Germany, providing an $850,000 grant in support of the vocational training of rural girls; and Italy, with $6 million (1986-1988) for developing income-generating activities for women.

IV. PROPOSED PROGRAMME 1992-1996

21. The proposed UNFPA programme is based on an analysis of the country's population situation, lessons learned from previous programmes and the findings and recommendations of the PRSD mission, which were officially endorsed by the Government. It is designed to supplement and complement the national strategy for the eighth development plan which is based on: (a) integration of family planning into health services; (b) privatization of service-providers; and (c) decreasing the socio-economic differences between regions. The main objectives of the programme, which coincides with World Bank assistance to integrate MCH/FP into basic health care, with UNDP's fifth programming cycle and with UNICEF's programme for the improvement of children's and mother's health over the same period, are detailed in paragraph 3 above. The overall goal of the programme is to help the Government of Tunisia attain self-reliance in the areas where it is still dependent on outside assistance.

Maternal and child health and family planning

22. UNFPA would support the Government in achieving its objectives of reducing population growth from 2.15 per cent in 1988 to 1.8 per cent in 2001 and halving the current infant mortality rate of 50 per 1,000. Activities in this sector would seek to ensure a better quality MCH/FP service delivery system nation-wide in order to increase the contraceptive usage rate from 49.8 per cent in 1988 to 64.5 per cent in 2001 and double the number of users in that same period. These objectives would be achieved through: (a) restructuring, expanding and improving maternal health services so that within 10 years all primary health care centres would offer family planning and prenatal care; (b) reorienting ONFP progressively towards a normative and co-ordinating role by strengthening its medium- and long-term planning capacity as well as its training and research capability; and (c) developing a management information system.

23. UNFPA would assist in expanding family planning services and developing maternal health services particularly in central and southern Tunisia, where health-care coverage is low and the infrastructure insufficient. This assistance would aim at developing and enhancing an integrated approach to MCH/FP service delivery within the existing primary health care centres. UNFPA would also support the preparation of a maternal health programme by: (a) developing research on maternal mortality and its causes; (b) improving delivery of MCH/FP services by upgrading the capabilities of the personnel of the fixed basic health centres and by strengthening the mobile teams in the rural regions where health centres are insufficient. This would enable Tunisia to achieve the short-term objective of increasing prenatal visits from 58 per cent in 1989 to 67 per cent in 1995 and assisted deliveries from 62.2 per cent in 1989 to 75 per cent in 1995. Necessary basic equipment for maternal health care would be provided to basic health care centres and district hospitals in the central and southern regions.

24. UNFPA would support the introduction and purchase of reversible and effective contraceptive methods for the programme. Based on available estimates, it is expected that the needs for contraceptives during the programme cycle would be between $6.5 million and $10 million. In this respect, UNFPA would assist the Government in ensuring the provision of one third to one half of the necessary commodities, namely implants, oral contraceptives and injectables. In the private sector, UNFPA would support a study in urban/suburban areas to assess users' possible contribution to the cost of contraceptives. This would help define the role of the private sector in the expansion of service delivery.

25. UNFPA would help to upgrade basic skills in family planning and maternal health within the health schools and provide on-the-job training for workers at the health centres and rural meeting centres, especially in techniques of counselling and interpersonal communication. Training in research, monitoring and evaluation and management would be carried out as well.

26. UNFPA would provide a total amount of $6 million for the MCH/FP sector, of which $3.5 million would be sought from other sources, including multi-bilateral sources to cover the purchase of contraceptives needed over the programme period.

Information, education and communication

27. UNFPA would support the Government in developing and implementing new communication approaches and further institutionalizing population education in the formal sector as well as developing projects in the non-formal sector. The new programme is designed to supplement the government strategy,

which through a reform of the educational system, attempts to address the major problems facing the Ministry of National Education. These include: (a) the high drop-out rate and difficulty of access to primary school that mainly affects girls; (b) an unacceptable rate of repeats (approaching 25 per cent), caused by the quality of instruction and by parents' lack of support for school education; and (c) the low rate of advancement to secondary education, also linked to the quality of the curricula, lack of family support, involvement of adolescents in the labour force and difficulty of access to schools in rural areas.

28. UNFPA would assist the Government in developing population education in the formal sector by adopting new methodologies and techniques. The programmes already initiated would be continued and extended, the training and refresher training of teachers would be developed further and environmental issues would be introduced. Special emphasis would be placed on the institutionalization of population education in the secondary cycle.

29. Population components would be specially designed for out-of-school education programmes, particularly those in the occupational health and agriculture sectors. The programme would make use of existing programmes outside the national education system, notably those under the Ministry of Social Affairs and training centres for girls and vocational training for young men under the Ministry of Vocational Training and Employment.

30. In the area of information, UNFPA would assist the Government in developing and disseminating radio-television programmes on family planning. In the area of communication, UNFPA would support integration of family planning in occupational health programmes, in large and small enterprises, in the army, and through the Extension Agency of the Ministry of Agriculture. UNFPA inputs would be directed towards: (a) identification of target groups for the preparation of appropriate messages; and (b) expansion of training programmes to managers, trainers and community workers in order to achieve a multiplier effect at a reasonable cost. ONFP, in close co-operation with concerned sectoral departments and organizations, would be the agency responsible for these endeavours.

31. UNFPA would provide a total amount of $1.5 million for this sector, of which $700,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

32. In the area of data collection and analysis, UNFPA would be involved in upgrading the technical capacity of Regional Development Centres to compile, process, disseminate and utilize population and family planning data. This would further bolster efforts for decentralization and would enhance co-ordination and co-operation between the different producers of data. UNFPA would provide technical assistance to ONFP at the central and regional levels for the compilation of high-quality data on the family planning programme, including family planning statistics and fertility surveys as well as for the analysis and use of this information. UNFPA would also provide assistance to the National Institute for Statistics in the field of civil data, to assess the coverage of registration and to conduct population surveys and related analyses. UNFPA assistance would include in-country and out-of-country training as well as equipment.

33. UNFPA would provide a total amount of $450,000 for this sector, of which $150,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

34. In the field of population policy formulation, UNFPA would support the Directorate for Human Resources of the Ministry of Planning and Regional Development, which is the focal point in formulation and implementation of population policies. It would work to develop the Directorate's capacities for planning to enable it to perform adequately as the technical secretariat for the Supreme Population Council. UNFPA would also help to develop the capacities of the Institute for Research and Studies in Population, which was created with UNFPA support and whose existence indicates a strong advance in developing a policy research tool for the advisers of the Ministry of Planning and Regional Development. It would seek to strengthen the regional structures of the Ministry and to assist it in setting up a data bank and a management information system. UNFPA would provide a total amount of $700,000 for this sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

35. While women are increasingly making their presence felt in government administration, and particularly in education and in the justice system, the fact remains that unskilled or poorly qualified working women are afflicted by an unemployment rate that is higher than that of men (20.9 per cent versus 13.9 per cent in 1989). To achieve the objectives set forth by the Government, the Ministry of Planning and Regional Development has an overall strategy that focuses on research, schooling, including university and extra-curricular education, information and communication, and social welfare.

36. The new programme would support the introduction of population concepts, including family planning, hygiene, nutrition, and environmental protection, into the vocational training of rural women and girls. UNFPA would also support activities to promote the integration of women, particularly in rural areas, into the development process through the creation of income-generating activities.

37. Support would be provided for the establishment of the National Research, Documentation, and Information Centre on Women under the Ministry of Social Affairs. The objective of the Centre would be to collect, analyse and publish data on women and to provide the Ministry of Planning and Regional Development and other concerned institutions with the tools required to prepare and develop measures aimed at improving women's status. The Centre will develop a network to support women-in-development activities and will co-ordinate such activities with governmental organizations as well as with national, regional and international non-governmental organizations.

38. Research studies would be conducted on the reasons for the high drop-out rate of girls from schools, on the reasons for low use of services by rural women, as well as on the effects of legislation on the role and status of women. The Ministry of Education, ONFP and relevant Tunisian universities and institutions would be responsible for these activities.

39. UNFPA would provide a total amount of $1,150,000 for this sector, of which $450,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

40. UNFPA would set aside a reserve of $200,000 to meet unforeseen needs that may arise during the period of the programme.

Programme co-ordination

41. Co-ordination of external assistance is under the joint responsibility of the Ministry of Foreign Affairs and the Ministry of Planning and Regional Development. In the last few years, Tunisia has put major emphasis on promoting co-operation with donor countries and institutions. UNFPA is expected to play the leading role in co-ordinating and promoting population assistance with such other donors as the World Bank, UNDP and UNICEF. The fifth UNFPA programme of assistance would coincide with the eighth national development plan and with the fifth programming cycle of UNDP. The present programme has been discussed with the World Bank, and the activities planned under UNFPA's programme and those planned under the forthcoming World Bank project 1991-1995 have been co-ordinated.

Programme monitoring, evaluation and management

42. Projects developed in the sectors described above would all have built-in monitoring and evaluation components. Major projects would undergo independent evaluation. The UNFPA Representative, who is also the UNDP Resident Representative, has the responsibility for managing the programme, assisted by a National Programme Officer, a programme assistant, a financial staff member and a secretary.

43. Standard UNFPA procedures would be followed for the implementation of the projects that would constitute this programme. A mid-term review would be conducted in 1993-1994, if deemed necessary.

Financial summary

44. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $10 million for the period 1992-1996 of which $5 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $5 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The breakdown by sector is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,500,000	3,500,000	6,000,000
Information, education and communication	800,000	700,000	1,500,000
Data collection and analysis	300,000	150,000	450,000
Population policy formulation	500,000	200,000	700,000
Women, population and development	700,000	450,000	1,150,000
Programme reserve	200,000	--	200,000
Total	5,000,000	5,000,000	10,000,000

V. RECOMMENDATION

45. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Tunisia in the amount of $10 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to commit an amount of $5 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to $5 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources; and

(d) Authorize the Executive Director to allocate the funds and to make appropriate arrangements with the Government of Tunisia and with the executing agencies.

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Corrigendum

Page 1, Government co-ordinating agency

For Ministry of Planning and Regional Development read Ministry of Foreign Affairs

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Recommendation by the Executive Director
Assistance to the Government of the Dominican Republic
Support for a comprehensive population programme

Proposed UNFPA assistance:	$6 million, of which $3 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $3 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1991
Executing agencies:	To be determined
Government co-ordinating agency:	National Planning Office (ONAPLAN)

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91-07691 (E)

DOMINICAN REPUBLIC

Demographic facts

Population Total (000)	
Total	7,170
Males	3,644
Females	3,526
Sex ratio (/100 females)	103.3
Urban	4,329
Rural	2,841
Per cent urban	60.4
Population in year 2000 (000)	8,621
Functional age groups (%)	
Young child: 0-4	13.7
Child: 5-14	24.2
Youth: 15-24	20.9
Elderly: 60+	5.5
65+	3.4
Women: 15-49	25.1
Median age (years)	20.7
Dependency ratios: total	70.2
(/100) Aged 0-14	64.5
Aged 65+	5.7
Agricultural population density (/hectare of arable land)	2.31
Population density (/sq. km.)	147
Average annual change (000)	
Population increase	149
Births	213
Deaths	47
Net migration	-16
Annual population total (% growth)	1.98
Urban	3.32
Rural	-0.25
Crude birth rate (/1000)	28.3
Crude death rate (/1000)	6.2
Net migration rate (/1000)	-2.3
Total fertility rate (/woman)	3.34
Gross reproduction rate (/woman)	1.63
Net reproduction rate (/woman)	1.49
Infant mortality rate (/1000)	57
Life expectancy at birth (years)	
Males	65.4
Females	69.8
Both sexes	67.6
GNP per capita (U.S. dollars, 1988)	720

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $6 million, of which $3 million is to be committed from UNFPA's regular resources, over a four-year period, starting January 1991, to assist the Government of the Dominican Republic in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $3 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources.

2. The proposed country programme, UNFPA's first in the Dominican Republic, is based on the findings and recommendations of a multi-sectoral Programme Review and Strategy Development (PRSD) mission that visited the Dominican Republic in February 1990, and the recommendations of the National Planning Office's (ONAPLAN) Advisory Committee, as well as a series of studies and analyses undertaken by the UNFPA field office since 1988. The country does not have an explicit national development plan, nor a population policy.

3. The overall aim of the proposed programme would be to contribute to the Government's efforts to improve the living conditions of the population in general. This would be achieved through the following objectives: to reduce the population growth rate; to decrease infant and maternal mortality, teen-age pregnancy and abortion to the lowest possible levels; and to formulate a comprehensive population policy integrating social and demographic variables into sectoral planning within the Government's 1990-1994 development programme.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. The Dominican Republic, covering the eastern two thirds of the island of Hispaniola, has an area of 48,449 square kilometres. It currently has a population of 7.1 million, growing at a rate of 2.2 per cent annually. Fertility remains high within the Latin American context, with a total fertility rate of 3.3 children per woman. By the year 2000, population growth is expected to be 1.7 per cent annually, and it is estimated that population size will be around 8.6 million.

6. In the last few decades, the Dominican Republic has experienced continuous rural-to-urban migration. As a result, in 1988 it was estimated that 59 per cent of the population was living in urban areas. At the same time, the urban population is becoming concentrated in a smaller number of cities, Santo Domingo in particular. Life expectancy has risen in the last few years to 67 years of age (1987). Infant mortality stands at 66 per 1,000 and maternal mortality at 6.6 per 100,000 live births. Nearly 70 per cent of these deaths are due to lack of prenatal care but a certain percentage could also be attributed to

illegal abortions, which number 60,000 to 80,000 annually. Pre-marital pregnancy rates and the incidence of juvenile abortion have shown a significant increase in the last few years.

7. HIV infection and AIDS is an increasingly serious problem in the Dominican Republic. Currently, the country is ranked twentieth in the world and fourth in the Western Hemisphere in terms of HIV infection rates; there are 1,400 known cases of AIDS, and an estimated 50,000 people are HIV-positive.

8. The adult illiteracy rate was 22 per cent in 1988; studies undertaken in 1988 indicate, however, that the quality of education is becoming poorer. Moreover, as regards primary education, a growing number of children are repeating school years or dropping out altogether. In rural areas, illiteracy among girls aged seven to nine years (40 per cent) is greater than that among boys of the same age.

9. In recent years, the gross national product has grown at a low, or even negative, rate reaching as low as -1.9 per cent. At the same time, external debt increased from $ 3.3 billion at the end of 1983 to approximately $4 billion in 1988. The unemployment rate is estimated at 30 per cent of the work force and underemployment at between 40 and 50 per cent of the employed population. The decline in the economy has resulted in a deterioration of basic social and public services.

10. The Dominican Republic does not have a national development plan, nor a comprehensive population policy or programme. In 1986, ONAPLAN established the Division for Population and Employment, and in 1989, it set up an Advisory Committee to create awareness among key government officials of population activities and of the link between population and development, as well as to develop a population policy. However, most activities in the area of population have been undertaken without a guiding framework. Among the factors inhibiting the effective implementation of population activities in the Dominican Republic are insufficient knowledge about the relationship between population and development variables, a lack of human resources and institutional arrangements to study these relationships and to implement a population programme, lack of funds for research and the inadequacy of the population information system.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

11. UNFPA has been providing assistance to the Dominican Republic since 1974, contributing approximately $11 million to projects mainly in the area of family planning. These activities have helped to reduce the fertility rate from 5.3 children per woman in 1974 to 3.3 in 1989. The Fund has supported family planning programmes executed by the National Council for Population and Family (CONAPOFA) and population education projects in co-ordination with the Ministry of Education, Fine Arts and Culture (SEEBAC).

Maternal and child health and family planning

12. UNFPA assistance to this sector began in the mid-1970s with support to CONAPOFA's four-year plan (1974-1978), which sought, inter alia, to extend family planning services to all health units nation-wide and to increase acceptance of such services to 20 per cent of women of fertile age. A second phase of assistance began in 1979 but was disrupted as a result of political uncertainties between 1980 and 1982. In 1983, UNFPA sponsored an independent evaluation of the MCH/FP programme since 1978. The evaluation emphasized the importance of integrating family planning and maternal and child health services.

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The following year, in 1984, the Governing Council approved a new four-year project in the amount of $2.06 million whose key objectives were to decrease fertility, increase the effectiveness of the MCH/FP programme by improving the quality of services and widening the range of contraceptives offered, and improve the quality of support information activities.

13. The overall demographic goal of the project was to decrease the total fertility rate to less than 3 children per woman by the end of the 1980s, a decline of nearly 30 per cent. This required achieving a contraceptive coverage of 22 per cent of fertile women by 1987 (compared to 18 per cent in 1983), implying an annual average of 55,000 new acceptors for each year of the project. Although the project exceeded expectations in terms of contraceptive prevalence (31 per cent by 1989), extension of services to rural areas and training of staff, it fell far short of its goal of increasing the number of family planning service points from 342 to 624. Indeed, in 1990 CONAPOFA reportedly had a total of approximately 360 clinics nationwide, some of which may not have been functioning at full capacity. UNFPA extended the project through 1989 in order to increase services to the population, particularly in rural and marginal urban areas.

14. In recent years, internal problems within CONAPOFA, resulting in a high turnover of administrative and technical staff, adversely affected the quality of services and the distribution of contraceptive supplies and equipment. As a consequence, project activities had to be suspended pending an evaluation, which took place in October 1990. The evaluation, noting that the demand for family planning services continued despite these problems, recommended that UNFPA continue to support the project, but that it be executed by an external agency. It also reiterated the importance of integrating family planning and maternal and child health services, since this objective had not been met. UNFPA assistance to MCH/FP during 1983-1988 was $1.7 million, or 80 per cent of total UNFPA expenditures in the Dominican Republic during this period.

Information, education and communication

15. Since 1979, UNFPA has provided $273,000 for population education programmes. The main emphasis of the programmes, executed by SEEBAC and the United Nations Educational, Scientific and Cultural Organization (UNESCO), has been to integrate population components into primary school curricula through the preparation of materials and training of teachers. Between 1987 and 1989, UNFPA also supported the work of a non-governmental organization, PROFAMILIA, in its population education and communication programme in the amount of $70,000. This included audio-visual equipment for PROFAMILIA's documentation centre which was used to promote family life and sex education outside the formal school system. By the end of the project, PROFAMILIA had completed the proposed training schedule and had developed and published the required number of booklets, leaflets and posters.

Basic data collection and analysis

16. Since 1987, UNFPA has assisted the training of nationals in census planning and use of data in policy-making processes in the amount of approximately $171,500, sending eight Dominican statisticians to the School for Applied Statistics and Computer Technology (ESAYTEC) training programme at the United States Census Bureau.

Other external assistance

17. Between 1984 and 1989, the Dominican Republic received more than $31.5 million in international support for its population activities. The major donors supporting such activities were the United States Agency for International Development (USAID), UNFPA and the International Development and Research Centre of Canada (IDRC). The United Nations Children Fund (UNICEF) and the World Food Programme (WFP) also supported activities in related areas. More recently, the USAID-funded Cooperation for American Relief Everywhere (CARE) has been expanding its support to include family planning activities.

IV. PROPOSED UNFPA PROGRAMME 1991-1994

18. The proposed programme was formulated in close consultation with the Government, and it is designed to address the major structural and institutional problems inhibiting the development of cohesive population activities in the Dominican Republic. According to the PRSD mission that visited the country in February 1990, these include, among others: (a) lack of a comprehensive national population policy; (b) weak institutional infrastructure, both public and private; (c) lack and inefficient use of basic data for development planning, demographic research and population policy and programme design; and (d) the detrimental effects of "brain drain" on the country's ability to execute a national population programme effectively.

19. Programme objectives are outlined in paragraph 3 above. In order to attain these objectives, UNFPA proposes a strategy that would emphasize: (a) reorienting programmes in health and family planning, as well as supporting education and information activities, towards specific target groups; (b) assisting the Government in its efforts to ensure the overall co-ordination and complementarity of MCH/FP information and services; and (c) increasing the knowledge base in demographic statistics for use in development planning, awareness creation and human resource development.

20. Specific lines of complementary government action, as recommended by the PRSD mission and endorsed by the Government, would be: (a) to create awareness among policy makers, planners, parliamentarians and government officials of the interrelationship between population and development and of the need to formulate a comprehensive population policy; (b) to strengthen the national institutional capacity to plan, formulate, implement and manage such a policy; (c) to plan and co-ordinate population activities more effectively by expanding and improving the country's demographic data collection and research and by training staff; and (d) to enhance the skills and status of women to prepare them to deal more effectively with their reproductive and productive roles.

Maternal and child health and family planning

21. UNFPA assistance to this sector would emphasize women's health programmes through support of an MCH/FP programme. The overall goal would be to improve the Government's capacity to address the country's relatively high fertility and birth rates, high incidence of abortion, low MCH/FP coverage and low contraceptive prevalence rates. The programme would have three main objectives: (a) to extend services to priority target groups, such as inhabitants of sugar plantations, workers in industrial free-trade zones, persons living in frontier areas, those in poor rural and urban marginal areas, and adolescents; (b) to improve programme coverage and quality; and (c) to improve programme management.

22. Achievement of these objectives would require a strengthening of technical and financial support in the following areas: (a) consolidation of efforts to provide MCH/FP services; (b) extension of such services to priority target groups; (c) increase in access to modern contraceptive methods for groups with limited economic resources; (d) development of management information systems; and (e) increase in operations research.

23. As part of the efforts to extend family planning services to priority target groups, UNFPA would specify quantitative targets for contraceptive prevalence and expansion of services. The Fund would also support the development of cultural-specific information so as to ensure better designed activities aimed at each of the groups. In addressing the specific needs of the various target groups, the programme would make use of sources of information and services beyond those provided in MCH programmes. Moreover, in view of the increasingly rapid spread of AIDS and HIV infection in the Dominican Republic, the proposed MCH/FP activities would include, where possible, information and education components on AIDS and HIV infection.

24. UNFPA proposes to provide assistance for the MCH/FP sector in the amount of $2.6 million, of which $1,250,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

25. In the area of population information, education and communication (IEC), the proposed programme would work towards developing an overall IEC strategy for the country. Specifically, UNFPA support would focus on four major activities: (a) continuing the population education programme in the formal sector and extending its coverage where possible; (b) expanding recently implemented activities for young people in the secondary formal and non-formal sectors; (c) initiating new activities to extend IEC programmes to priority target groups; and (d) directing IEC efforts to decision makers. To ensure co-ordination and complementarity of efforts, specific IEC activities would be linked to other programme components such as MCH/FP. Efforts would also be made to ensure that population education was included in the general educational programme supported by the World Bank.

26. The Fund would also support the second phase of the PROFAMILIA programme, which is aimed at developing sex education activities for school drop-outs and for young people outside the formal school system, particularly in marginal urban zones and extremely poor rural areas. These areas tend to have high rates of unwanted adolescent pregnancy, abortion, sexually transmitted diseases and AIDS, among other problems. These efforts would be co-ordinated with the work of other agencies such as the National AIDS Commission, as well as of universities, non-governmental organizations (NGOs) and international organizations.

27. To supplement the activities aimed at specific target groups UNFPA would support a population communication programme aimed at using all channels of communication to promote better birth spacing and the use of contraception. Finally, an awareness-creation programme would be aimed at decision makers at all levels.

28. UNFPA support to this sector would amount to $1 million, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

29. The PRSD mission findings demonstrated the need to improve the national statistical system at the central level and also census and vital registration information at sectoral and regional levels. UNFPA would provide technical and financial assistance to help improve the quality of socio-demographic statistics and to foster the use and dissemination of population data to assist in the integration of population variables into development planning and facilitate the design of population-related activities.

30. Given the failure to complete the processing of the 1981 census data and to disseminate the results, it is essential that special efforts be made to ensure the success of the 1991 census. Accordingly, UNFPA would provide technical assistance to the National Statistical Office (ONE) to conduct the census; the Government would fund the local costs. If the census were postponed, the Fund would assist ONE in exploring the possibilities for developing demographic and household surveys at the local level. Such information on population density and other characteristics, heretofore unavailable, would assist the Government in its planning for different sectors.

31. UNFPA support to this sector would amount to $1.45 million, of which $950,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics and policy formulation

32. The implementation of a national population and development programme requires an adequate number of personnel trained in various aspects of population activities, from programme administration and management to the dissemination of information on population dynamics. Consequently, UNFPA proposes to support a programme of training in population and development for government officials and for those working in population-related fields. UNFPA assistance would also be used to compile inventories of existing information through the creation of a population data bank in ONAPLAN.

33. UNFPA would assist the Government in elaborating a population policy with general and sectoral-specific population and development plans. These would contain concrete aims and measures in relation to identified demographic variables such as fertility, mortality, and population distribution, as well as such related socio-economic factors as education, health, living conditions, and the status of women. Accordingly, the Fund would support the development of appropriate institutional arrangements for the formulation of a population policy and the monitoring and evaluation of its implementation. This would include assistance for awareness-creation activities aimed at policy-makers, government officials, political leaders and trade unions.

34. UNFPA's support to this sector would amount to $400,000, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

35. Every effort would be made to ensure that women's concerns were integrated into all aspects of the proposed programme. Moreover, UNFPA would reinforce the efforts of the Government and the private sector by: (a) contributing to the development of a technical plan of action for the General Directorate for the Promotion of Women (DGPM); (b) establishing training courses for public-sector technical personnel in the formulation, implementation and evaluation of women's programmes related to population and family

planning; (c) supporting research regarding the reproductive role of women; and (d) supporting efforts to raise the socio-economic status of women through pilot income-generating activities.

36. UNFPA would assist government efforts to reinforce the DGPM's technical capacity in the area of women's reproductive health and population issues, as well as to design a work plan with lines of action for each government sector regarding women's activities linked to population-related issues. This would be accompanied by support for the training of a technical team that would oversee the implementation of the work plan. The Fund also proposes to assist the Government in certain pilot activities in order to provide MCH/FP awareness creation and training for women and their families in disadvantaged urban marginal areas.

37. UNFPA support to this sector would amount to $500,000, of which $300,000 is to be sought from other sources, including multi-bilateral sources.

Programme reserve

38. UNFPA proposes to establish a programme reserve of $50,000 for new proposals that might be developed within the framework of the proposed programme.

Programme co-ordination

39. The Technical Secretariat to the Presidency is responsible for the co-ordination of external assistance to the Dominican Republic. ONAPLAN oversees the implementation of the projects developed by the sectoral ministries. It would therefore co-ordinate the proposed programme. UNFPA would assist the Government in building up its capacity to develop an overall plan for the co-ordination of population activities. It would also support the development of a co-ordinating committee headed by ONAPLAN and composed of officials from each UNFPA-supported project. A UNFPA local office would be set up to monitor the implementation of project activities and to exchange information and experiences.

40. In the context of the Joint Consultative Group on Policy (JCPG) mechanism, regular meetings would be organized with officials of the other United Nations agencies active in the country in a concerted effort to harmonize activities and avoid duplication of assistance.

Programme monitoring, evaluation and management

41. In his capacity as UNFPA Representative, the UNDP Resident Representative has responsibility for the overall management of the programme. The Resident Representative would be assisted by the UNFPA National Programme Assistant and the support secretary, who make up the UNFPA local office. The UNFPA Country Director based in Mexico would also provide technical and managerial assistance and guidance and would visit the country periodically.

42. Standard UNFPA procedures would be followed to ensure the effective implementation of the projects included in this programme: progress reports, visits to project sites, participation in seminars, annual tripartite review meetings, and programme and project evaluations, reviews and monitoring meetings as necessary. A continuous monitoring and evaluation system would be set up and implemented for all projects. A mid-term review of the overall programme would be conducted in 1993. Independent evaluations would be integral components of all the larger or innovative projects.

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Financial summary

43. As indicated in paragraph 1, a programme of $6 million is proposed, of which $3 million would be committed from UNFPA regular resources. If UNFPA's funding situation permits, the balance of up to $3 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate this level of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,350,000	1,250,000	2,600,000
Information, education and communication	600,000	400,000	1,000,000
Data collection and analysis	500,000	950,000	1,450,000
Population dynamics and policy formulation	300,000	100,000	400,000
Women, population and development	200,000	300,000	500,000
Programme reserve	50,000	--	50,000
TOTAL	3,000,000	3,000,000	6,000,000

V. RECOMMENDATION

44. The Executive Director recommends that the Governing Council:

(a) Approve the assistance to the Dominican Republic in the amount of $6 million for the four-year period 1991-1994;

(b) Authorize the Executive Director to commit an amount of $3 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to $3 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral resources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of the Dominican Republic and with the executing agencies.

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UNITED NATIONS POPULATION FUND

PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director

Assistance to the English-speaking Caribbean Subregion

Support for a comprehensive population programme

Proposed UNFPA assistance:	$6 million, of which $4 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $2 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of Governments' contributions:	To be determined
Duration:	Four years
Estimated starting date:	January 1992

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $6 million, of which $4 million would be committed from UNFPA's regular resources, over a four-year period, starting January 1992, to assist the Governments of 19 English-speaking countries and territories[1] in the Caribbean subregion in achieving their population and development objectives. If UNFPA's funding situation permits, the balance of up to $2 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. Although UNFPA has provided support to most of these countries and territories since 1969, this will be the first time that the Fund would support a comprehensive population programme in the subregion.

2. The proposed programme of assistance to the subregion is based on, inter alia, the findings and recommendations of a Programme Review and Strategy Development (PRSD) mission that consulted with government officials and others in seven countries of the subregion[2] in May 1990. The major population concerns of the subregion were identified as: high rates of adolescent fertility, a significant hiatus between awareness and practice of contraception, inadequacy of skilled human resources for service delivery and counselling, lack of up-to-date and reliable data and information on population dynamics, inadequate opportunities for women and youth, and inadequate integration of population programmes into development planning.

3. The proposed programme aims in the long term to contribute to a greater understanding and appreciation within and among the nations about the interrelationships between population and development, including gender and environmental concerns; it also aims to strengthen national capacities for planning, implementing and managing population policies and programmes. The immediate objectives would be: (a) to facilitate the slowing of growth rates (currently estimated at 1.4 per cent per year); (b) to contribute to an increase in contraceptive prevalence (currently estimated at 50 per cent); (c) to contribute to the reduction of teen-age pregnancies (currently estimated at 30 per cent); and (d) to facilitate the integration of population concerns into socio-economic planning.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals

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[1]Anguilla, Antigua and Barbuda, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands. Owing to the large number of countries and territories, a demographic fact sheet is not included in the presentation of this programme. Demographic fact sheets for each country/territory can be found in UNFPA's Inventory of Population Projects in Developing Countries Around the World 1989/1990.

[2]Antigua, Barbados, Grenada, Guyana, Jamaica, St.Lucia, Trinidad and Tobago.

have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. The Caribbean region consists of the island arc in the Caribbean Sea, stretching from Cuba and the Bahamas off the coast of the United States, south and east to Trinidad and Tobago off the coast of Venezuela and includes Guyana and Suriname on the mainland of the South American continent and Belize in Central America. This programme covers 19 countries and territories, including all the English-speaking countries and territories known as the Caribbean Community (CARICOM) countries (except Belize) and Suriname and the Netherlands Antilles, which are Dutch/English speaking. In geographical terms this subregion extends over a distance of 3,500 kilometres with a land area of nearly 412,000 square kilometres.

6. The countries of the subregion are socio-culturally homogeneous but are heterogeneous economically and demographically. By world standards, the countries are relatively small with population sizes ranging from less than 10,000 (Anguilla and the Turks and Caicos Islands) to approximately 2.5 million (Jamaica). Seventeen of the 19 nations have less than 1 million inhabitants, and 6 have less than 100,000. The total population of the subregion in the late 1980s was estimated at over 6 million.

7. The population growth rate for the subregion as a whole is moderate at 1.4 per cent (1989). However, six countries (Guyana, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, and the Turks and Caicos Islands) show rates of natural increase of over 2 per cent. Crude birth and death rates as well as infant and maternal mortalities are relatively low, as are total fertility rates. Life expectancy at birth is relatively high at an average of 70 years.

8. A particularly problematic factor of the subregion's fertility pattern is the high rate and proportion of births among teen-age women, who account for nearly one third of all births. However, data on teen-age fertility are incomplete and inaccurate, and abortions are not included in these statistics. The high level of teen-age fertility not only acts as an obstacle to the reduction of population growth but also has serious implications for the health, education and employment of teen-age mothers and perpetuates their dependence and poverty. Recent contraceptive prevalence surveys and adolescent sexuality studies indicate that age-specific fertility levels for women in the 20-35 age group are rising, and that there are significant unmet needs for family planning services. The studies also found, however, that the use of contraception is inhibited by worries about side effects. HIV and AIDS prevalence in the subregion are among the highest in the world, and cancer of the cervix has been a serious and increasing concern.

9. Another serious concern in nearly all the countries of the subregion is out-migration. Typically, the emigrants are the younger, better educated and more skilled professionals and workers, thus depriving these nations of valuable human resources. This, in turn, affects the capacity of the countries to deliver good quality health and family planning services, to operate and maintain health clinics and to maintain the supply of new entrants to nursing schools. Internal migration and urbanization are also on the increase. Levels of unemployment and underemployment, particularly among youth and women, are high and in many cases increasing. School drop-out rates above the primary level are high, and consequently the skills and knowledge to be gained from secondary and higher education are lacking in a majority of the population.

10. There is a growing realization in the subregion that worsening problems of deforestation, degradation of coastal regions, silting up of rivers and streams, water pollution and water shortages, and waste disposal without environmental controls are all matters of serious concern. These environmental issues are assuming critical importance for development planning in the subregion, and must be looked at in the context of continuing population growth, relatively high population densities and increasing levels of poverty.

11. Five countries of the subregion[3] have adopted formal population policies, while the others are either in the process of refining their implicit policies or contemplating formulation of such policies. The countries that have adopted population policies are currently engaged in efforts to integrate population factors into development planning.

12. Although socio-economic statistics indicate a higher level of prosperity in the countries of the subregion compared to that of many other developing countries, this is more apparent than real as far as institutional capacity is concerned. The high cost of living, fluctuating economic fortunes, debt burdens, out-migration of human resources, vulnerability to crippling natural disasters and, above all, the relatively small size and the location of the populations render it extremely difficult -- if not impossible -- to attain economic self-reliance. For example, according to recent World Bank estimates, Guyana is now the poorest country in the Western Hemisphere. Thus, the need for continued external assistance is real and imperative, and population programmes cannot be sustained or improved without assistance from UNFPA and other donors for some time to come.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. Past UNFPA assistance to the subregion was based on ad hoc requests from 1969 onwards. A limited programme review and needs identification were undertaken in 1980, which provided the basis for UNFPA-supported activities during the 1980s. Among the more important concerns of the past UNFPA programme were: strengthening of the delivery of family planning services integrated into public health care/maternal and child health programmes; supplying of contraceptives, particularly injectables; development of human resources through training in fertility management and service delivery, family planning administration, communication and counselling; introduction and strengthening of family life education in schools and in the non-formal sectors with special attention to youth and adolescents; design and production of population-related information and education materials; formulation of special programmes to address the needs and concerns of teen-age mothers and to combat AIDS; collection and analysis of data through the 1980 and 1990 rounds of censuses; and conduct of studies and research to facilitate the formulation and implementation of population and development policy.

14. To date, UNFPA assistance has amounted to about $22 million for a total of over 160 projects at country and subregional levels, spanning almost all work-plan categories. The largest allocation (57 per cent) was for delivery of family planning services, followed by demographic data collection and analysis (13.7 per cent). Information, education and communication (IEC) accounted for 9.4 per cent; special programmes

[3]Dominica, Grenada, Jamaica, St. Lucia, St. Vincent and the Grenadines.

for adolescents, youth and women for 8 per cent; policy formulation and integration of population and development planning for 6 per cent; and multisectoral programmes for 5.9 per cent.

Maternal and child health and family planning

15. Nearly 70 projects -- most of them at the country level -- were implemented in the area of family planning at a total cost of $12.6 million. They typically comprised the training of nurses, midwives and senior medical personnel in fertility management and family planning techniques; procurement of contraceptive supplies, particularly injectables; and provision of family life/sex education for the in-school population and for out-of-school youth target groups.

16. Past family planning programmes in the subregion have achieved commendable successes that have resulted in significant improvements in performance and coverage: population growth rates declined from 2.2 per cent in 1960 to 1.4 per cent in 1989; contraceptive prevalence increased from under 40 per cent to over 50 per cent; injectable contraceptives gained in acceptance, becoming the third preferred method among females; and use of condoms expanded, accounting for more than 10 per cent of total contraceptive coverage. Past experience suggests, therefore, that continued availability of a wide choice of methods coupled with trained personnel and good physical facilities will help increase the levels of contraception.

Information, education and communication

17. IEC activities were normally integrated into comprehensive family planning/family life education projects (as were the special concerns of women and youth) wherever feasible. Nevertheless, 28 projects approved for a total of over $2 million related exclusively to IEC. These focused primarily on promotion of family planning services, provision of family planning/family life education/sex education in the formal and non-formal sectors through a variety of channels; setting up of a family planning/family life education documentation centre and clearing house; design, production and distribution of information and education materials; and creation of awareness about population and development concerns.

18. Promotion of family life education was somewhat difficult because some influential groups equated it with sex education, which they felt encouraged promiscuity among teen-agers. UNFPA-assisted projects dealt with this situation by developing effective educational, training and communication materials, training health and education personnel, and enlisting the support of community and religious groups in spreading family life and family planning messages. Cadres of workers specially charged with education and communication responsibilities were trained and multiple strategies were used to reach target audiences. Past programmes confirm that in-country and subregional activities to train resource persons in family life education were useful. However, most of these were in-service training initiatives, and in view of the large turnover of personnel, the future focus should include pre-service training for teachers and other personnel.

19. Past IEC activities have resulted in an almost universal awareness of family planning and contraception, but further efforts are needed to translate this awareness into increased contraceptive practice. The IEC content and strategies should be derived from appropriate socio-cultural studies, for greater acceptance and impact, and should target specific groups, particularly males, using greater interpersonal communication and counselling.

20. Despite past successes, the full-scale introduction of family life education in schools has been slow and indicates a continuing reluctance to deal openly with topics of adolescent sexuality, because of the

conflict with traditional value systems. Further efforts are required to overcome this. Greater and more direct involvement of the ministries of education is essential for institutionalization of family life education.

Data collection and analysis

21. UNFPA support in demographic data collection and analysis mainly related to the 1980 and 1990 rounds of population and housing censuses and involved an allocation of over $3 million for a total of 31 projects. The Fund also supported projects for fertility surveys and other studies to generate data on youth and teen-age sexuality and on contraceptive prevalence.

22. UNFPA support to census activities and fertility and contraceptive prevalence surveys has enhanced the availability and reliability of data for programme formulation and implementation and evaluation. Nevertheless, from a review of the quality and adequacy of demographic data in countries of the subregion, the PRSD mission concluded that institutional and human resource capabilities for demographic data collection and analysis needed to be further developed.

Population policy formulation

23. UNFPA supported 10 projects with an allocation of about $1.3 million to promote policy formulation and integration of population into development planning. These projects covered, among other things, the organization of conferences for high-level decision makers and community leaders with the aim of familiarizing them with the interrelationship between population and development and its policy implications. Assistance was also provided for the drafting and processing of policy documentation and the establishment of institutional structures to facilitate policy implementation. As a result, some of the countries that have adopted policies are currently engaged in integrating population factors into their planning processes.

24. Although there is a high degree of general awareness of the implications of demographic variables for development efforts, specific and concrete steps have not been initiated. Past efforts in population policy formulation were impeded by the lack of involvement of sectoral ministries other than the ministries of health. Thus, once a policy was formally adopted, the health ministries did not have the resources, mandate or institutional capacities needed to implement it. The population councils/units that had been created to oversee the implementation of the policy soon became inactive. Efforts at integration of population and development were hampered by the lack of knowledge and skills in the integration of population/ development planning.

Special programmes

25. Concerns of women, youth and adolescents were integrated into UNFPA-assisted projects wherever feasible. Fifteen projects specifically dealing with these concerns were approved for a total of $1.7 million. These aimed at establishing and/or strengthening youth centres/clinics and often integrated income-generating skills into programmes. These activities succeeded to some extent in serving the information and service needs of the target groups, particularly young women. Attendance at the youth clinics has been low, however, apparently because they have not been able to convey a sense of privacy and confidentiality to the young people. Inadequate supervision and outreach seriously affected programme development. Vocational training at youth centres was beset with problems of materials and supplies, together with a lack of trainers

and a limited demand for the products made by the students at youth centres, thus reflecting the need for in-depth analysis of the strategy and design of these initiatives.

26. UNFPA extended partial support to the Women's Centres programme in Jamaica, which aimed at returning teen-age mothers to formal education after childbirth and reducing subsequent pregnancies through family life education/sex education and skills training. This programme has achieved notable success in reducing second pregnancies among teen-agers and reinforcing their educational opportunities. It has been adopted as a model experiment by some African countries through technical co-operation among developing countries (TCDC).

27. AIDS. Many of the family planning/family life education projects supported by UNFPA contained integrated components for the promotion of AIDS awareness and responsible sexual behaviour. The Fund also supported awareness creation among young people about AIDS and family planning through youth parliament debates. These debates were extremely successful and generated considerable interest within the region and outside it. National agencies, however, have reservations about combining AIDS-related programmes with family planning because of the stigma attached to AIDS. This is an area that must be addressed.

Other external assistance

28. The United States Agency for International Development (USAID) has provided assistance for contraceptive procurement (excluding injectables), training in management of contraceptive logistics, population policy formulation, family planning communication, and research studies in fertility-related issues, including contraceptive prevalence surveys. Some assistance has also been provided by the Canadian International Development Agency (CIDA), the British Overseas Development Agency (ODA) and the Swedish International Development Authority (SIDA) for research studies on adolescent fertility, data collection, family life education, and women's employment schemes, among others. The German Agency for Technical Assistance (GTZ) supported the Fertility Management Programme at the University of the West Indies in Jamaica. The Norwegian Agency for Development (NORAD) has provided continuing assistance to the Women's Centres project in Jamaica.

IV. PROPOSED PROGRAMME 1992-1995

29. The proposed programme for the Caribbean subregion is based on the findings of the PRSD mission and the background documentation prepared by the UNFPA Caribbean field office in Jamaica. The PRSD mission concluded that the development of individual country programmes for the 19 countries of the Caribbean is not practical. Furthermore, the mission observed that certain socio-economic, ethnic and historical factors, and the common concerns and interests shared by the countries, are conducive to a subregional approach and the formulation of a unified and comprehensive UNFPA programme of assistance. Such a programme would enjoy the advantages of cost-effective management, high-quality technical support and backstopping, and optimum utilization of available human and institutional resources, and would promote greater mutual co-operation among the countries in the subregion.

30. The content of the programme has been determined on the basis of an extensive review of past population programmes in the subregion, and the widest possible consultation with Governments, regional institutions, non-governmental organizations (NGOs) and donors active in the region. In keeping with the

wishes of the countries and the directives of the Governing Council for co-ordinated strategies and programmes of United Nations assistance, UNFPA inputs will aim at maximum possible complementarity and support of assistance from other United Nations agencies.

31. In order to attain the objectives outlined in paragraph 3 above, the following strategies would be employed: (a) strengthening the provision of quality family planning services, with special attention to the needs of adolescents and youth; (b) facilitating the generation of reliable and up-to-date demographic data and their utilization in development planning; (c) reinforcing information, education and communication programmes, including family life/sex education in and out of school; (d) promoting special programmes addressing the productive and reproductive concerns of adolescents and youth; (e) encouraging greater investment by Governments in plans and activities aimed at improving the status of women; (f) integrating environmental concerns into all population and development programmes; (g) encouraging the institutionalization of population-related programmes and activities leading to self-reliance; (h) enlisting the co-operation of NGOs and the involvement of the community; and (i) enhancing programme management to improve technical backstopping, programme monitoring and co-ordination.

Maternal and child health and family planning

32. UNFPA would support maternal and child health and family planning (MCH/FP) service delivery in the subregion with special attention to the needs of adolescents and youth. A major activity would be the assessment of contraceptive needs and procurement of contraceptives that are not available from other donors. Care would be taken to ensure that the contraceptives procured addressed the special needs of the target groups. The capacity for outreach in delivery of MCH/FP services in rural areas would be strengthened, so that the sectors of the population with the most critical needs would be given special attention for counselling and service delivery. Clinics dealing exclusively with adolescent health needs would be supported.

33. UNFPA would support the development of human resources through in-service and pre-service training of national personnel, including subregional seminar/workshops, to develop positive attitudes towards their functions and responsibilities, improve skills for delivery of high-quality and cost-effective family planning services, promote better management practices, and improve collection and utilization of data. Contraceptive prevalence surveys would be supported and operations research undertaken to improve the content of the training and the delivery of services. Epidemiological studies on the high prevalence of abortion, especially among adolescents, would be supported.

34. UNFPA would provide $900,000 for the above activities. An additional $800,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

35. UNFPA would support the development of strategies and materials based on socio-cultural research to enhance the impact of information and communication activities and to bridge the gap between contraceptive awareness and practice. Support would be provided to revise existing materials and to pretest, evaluate and produce new materials, in order to enhance their relevance and impact. Moreover, the results

of studies on the social costs of abortions, teen-age pregnancies, and school drop-outs (see para. 39 below) would be disseminated to policy makers and planners to facilitate policy and programme decisions.

36. The Fund would support projects focusing on specific target groups such as males, youth, and adolescents; in-school and out-of-school audiences; the socially disadvantaged and groups most in need of critical services; service-providers and decision makers.

37. UNFPA assistance would be used: (a) to promote the systematic integration of family life education/sex education into primary and middle-level schools, and into in- and pre-service teacher training and programmes in the non-formal sector; (b) to conduct periodic evaluations of the content and production of texts, handbooks and manuals; and (c) to conduct seminars and workshops in order to enhance the support and commitment of concerned ministries, as well as of community and religious leaders. The quality and coverage of family life education would be improved to help clarify health issues and encourage safe, effective family planning. The outreach of family life education in non-formal sectors would be expanded in view of the high number of drop-outs at post-primary levels of formal education.

38. UNFPA would provide $800,000 for the above activities. An additional $500,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

39. UNFPA would continue to support the improvement of data availability and quality through the 1990 round of census activities as well as the strengthening of human skills for continued demographic data collection and analysis. UNFPA assistance would be used to promote the aggregation and dissemination of data in usable forms and to conduct studies to fill information gaps with respect to such topics as levels and trends of contraceptive use, trends and health implications of abortions, the interrelationship between teen-age fertility and school drop-out, women's perceptions of their own aspirations and life goals, the effects of unemployment and under-employment on youth behaviour, and migration.

40. UNFPA proposes an amount of $600,000 for these activities. An additional $300,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

41. UNFPA would support and encourage the creation and operation of institutional mechanisms for integrating population factors into development planning, as well as the strengthening of national capabilities to incorporate demographic aspects in sectoral plans and to promote and sustain mutual contacts among sectoral ministries and the agencies concerned. The Fund would also support activities aimed at producing disaggregated data to be used in policy formulation, and at encouraging Governments to take environmental concerns into account in population policies. UNFPA proposes to provide $400,000 to this sector.

Women, population and development

42. Gender concerns would be taken into account in all the programmes and projects. UNFPA would continue to support and enhance the coverage and effectiveness of the Women's Centres in Jamaica, as well as to undertake initiatives in other countries to address the issues of primary school drop-outs with a view to reducing teen-age pregnancies and improving the status of women. Support would be extended to

women's units to strengthen their capacity to deal with the special concerns of women by providing technical assistance and training in formulating and managing programmes and projects and in integrating women's concerns into population and development programmes. Country and subregional workshops would be supported to enhance the awareness of high-level decision makers. Components pertaining to improving women's status would be supported in integrated rural development programmes. UNFPA proposes to provide $300,000 for these activities.

Special programmes

43. Further assessment and analysis of the design and content of the comprehensive youth and family life education programme would be undertaken to enhance its effectiveness. Components dealing with concerns of youth and with awareness creation of AIDS would be incorporated into all family planning, family life education and IEC projects and activities. Special attention would be given to education on the prevention of the spread of AIDS, including the importance of the use of condoms. UNFPA would provide $700,000 for activities in this sector. An additional $400,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

44. UNFPA proposes to establish a programme reserve of $300,000 to address as yet undetermined needs within the context of the proposed programme.

Programme co-ordination

45. Overall co-ordination of UNFPA-funded population programmes and activities in the subregion would be the responsibility of the Governments with assistance from the UNFPA Director. To the extent feasible, countries would be encouraged to establish co-ordinating mechanisms for all population programmes in their respective country. UNFPA would seek to strengthen the link between its programme and those of other United Nations agencies, particularly the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), and the World Health Organization/Pan American Health Organization (WHO/PAHO), in order to take advantage of the complementarity of each other's activities. These would specifically include the integrated area development projects of UNDP, the vulnerable sections feeding programmes of WFP, and the primary health care and youth education programmes of UNICEF.

Programme monitoring, evaluation and management

46. Projects would contain, as far as is possible, clearly articulated and measurable objectives so as to facilitate assessment of results and achievement of objectives. Base data would be included, if available, from past reports or studies; otherwise, a situational analysis would be undertaken preparatory to the formulation of the project. Where necessary, this analysis would be commissioned directly by UNFPA through local or subregional consultancies. Greater attention would be given to sectoral reviews and evaluations in order to form the basis for qualitative improvements in the design and strategy of projects and programmes and to provide benchmarks to monitor the progress and effectiveness of assistance and activities. The UNFPA Director would manage the programme from the UNFPA field office for the subregion, making use of institutional resources available in the subregion as well as the services of United Nations Volunteers.

Financial summary

47. As indicated in paragraph 1, UNFPA proposes assistance for a Caribbean subregional programme in the amount of $6 million over the four-year period 1992-1995, of which $4 million would be committed from regular resources. If UNFPA's funding situation permits, the balance of up to $2 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate the two levels of funding:

	UNFPA's regular resources $	Other resources $	Total $
Maternal and child health and family planning	900,000	800,000	1,700,000
Information, education and communication	800,000	500,000	1,300,000
Data collection and analysis	600,000	300,000	900,000
Population policy formulation	400,000	-	400,000
Women, population and development	300,000	-	300,000
Special programmes	700,000	400,000	1,100,000
Programme reserve	300,000		300,000
Total	4,000,000	2,000,000	6,000,000

48. It is estimated that approximately two thirds of the available resources would be allocated to country-level projects and the remainder to subregional projects. Allocations to country-level projects would take into consideration such factors as population size, natural growth rate, total fertility rate, contraceptive prevalence and per capita gross national product.

V. RECOMMENDATION

49. The Executive Director recommends that the Governing Council:

(a) Approve the Caribbean subregional programme in the amount of $6 million for the four-year period 1992-1995;

(b) Authorize the Executive Director to commit an amount of $4 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to $2 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the countries of the Caribbean subregion and with the executing agencies.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES
Recommendation by the Executive Director
Assistance to the Government of Burkina Faso
Support for a comprehensive population programme

Proposed UNFPA assistance:	$10 million, of which $6.5 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $3.5 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Burkina Faso United Nations International Labour Organisation (ILO) United Nations Education, Scientific and Cultural Organization (UNESCO) Université Libre de Bruxelles Université Catholique de Louvain World Population Foundation
Government co-ordinating agency:	Ministry of Planning and Co-operation

BURKINA FASO

Demographic facts

Population Total (000)	
Total	9,007
Males	4,461
Females	4,546
Sex ratio (/100 females)	98.1
Urban	812
Rural	8,194
Per cent urban	9.0
Population in year 2000 (000)	12,025
Functional age groups (%)	
Young child: 0-4	17.9
Child: 5-14	25.9
Youth: 15-24	19.2
Elderly: 60+	4.9
65+	3.0
Women: 15-49	22.9
Median age (years)	18.0
Dependency ratios: total	88.0
(/100) Aged 0-14	82.4
Aged 65+	5.6
Agricultural population density (/hectare of arable land)	2.04
Population density (/sq. km.)	33
Average annual change (000)	
Population increase	275
Births	450
Deaths	165
Net migration	-9
Annual population total (% growth)	2.84
Urban	5.86
Rural	2.52
Crude birth rate (/1000)	46.4
Crude death rate (/1000)	17.0
Net migration rate (/1000)	-1.0
Total fertility rate (/woman)	6.39
Gross reproduction rate (/woman)	3.15
Net reproduction rate (/woman)	2.26
Infant mortality rate (/1000)	127
Life expectancy at birth (years)	
Males	47.6
Females	50.9
Both sexes	49.2
GNP per capita (U.S. dollars, 1988)	210

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme in the amount of $10 million, of which $6.5 million would be committed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Burkina Faso in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $3.5 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. This would be the third population programme for Burkina Faso. The second programme, approved in 1987 in the amount of $5 million, ended in December 1990, and bridge funding is in place in order to synchronize this programme with the Government's national development plan for 1991-1995.

2. The proposed programme is based on the findings and recommendations of a UNFPA multi-sectoral Programme Review and Strategy Development (PRSD) mission that visited Burkina Faso in June 1990, the Government's population policy and implementation plan, and the recommendations of a UNFPA programme review. The proposed programme has been specifically designed to fit within the Government's overall population strategy and is intended to complement and supplement national population activities.

3. The long-term objectives of the proposed programme are to assist the Government in: (a) reducing infant and child mortality rates through the continuous strengthening of the quality and coverage of maternal and child health and family planning (MCH/FP) services, especially in rural areas; (b) improving the knowledge of the interrelationships between population and development and systematically integrating population variables into development planning; and (c) promoting the status of women through the elimination of practices that hinder the enhancement of their participation in development. The immediate objectives are: (a) to increase contraceptive prevalence during the programme period from the present rate of 6.6 per cent to 22 per cent; (b) to reduce teen-age pregnancies by introducing family planning services at selected secondary schools and by promoting family life and sex education activities; (c) to increase awareness among the general population of population problems and their solutions, especially among women and men in rural areas and young people both in and out of school; (d) to lay the basis for providing the country with sufficient expertise to undertake necessary demographic and population and development research and data collection; (e) to increase the knowledge base in demographic and health statistics and the interrelationship of population and development for use in planning and awareness-creation programmes; and (f) to improve the situation of women in Burkina Faso as well as to increase their participation in all fields of population activity.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. According to United Nations projections, the population of Burkina Faso in 1990 was approximately 9 million, or roughly 1.1 million more than had been enumerated in the comprehensive census of 1985. At the current rate of growth (2.9 per cent per year), the population will double in approximately 24 years. Nearly

44 per cent of the population is under 15 years of age, and the dependency ratio is high at 88 per cent. The population is predominantly rural (91 per cent) and unevenly distributed, with 10 of the country's 30 provinces accounting for some 53 per cent of the population. However, the overall urban growth rate is 6 per cent per year and is twice that rate in the capital of Ouagadougou. According to the 1985 census, net emigration was 750,000, 70 per cent of whom were men. Infant mortality is high (127 per 1,000), as is maternal mortality, estimated by the Government at 609 per 100,000 live births.

6. With a per capita income of $210 in 1988, Burkina Faso is classified as a least developed country. However, during the period 1986-1988, the gross national product (GNP) grew at a rate of 4.6 per cent per year in real terms. Although primary school enrolment has been increasing by approximately 10 per cent a year since 1977, overall enrolment in 1988-1989 was still only 26.7 per cent, with great variations between provinces and with the highest levels in the capital city area. Moreover, because of the high incidence of early marriage and parents' preference for educating sons, girls account for only 37.6 per cent of primary school enrolments and 22 per cent of secondary school enrolments. Increased population pressure and the lack of qualified teachers have contributed to high drop-out rates, with less than half of the primary school students continuing on to secondary school, and to extremely high illiteracy rates -- 80 per cent among males and 98 per cent among females.

7. Public access to health centres in rural areas is limited, and over 50 per cent of the country's doctors, midwives and pharmacists serve the populations of the two main cities. Most of the rural population, therefore, rely on traditional practitioners for health care. Maternal and child health (MCH) services are provided in 593 national and provincial health care units, but not in most of the remaining 5,992 primary health care posts in villages. Moreover, less than half of these national and provincial health facilities provide contraceptives. Knowledge of contraceptive methods is very limited, especially in rural areas, and contraceptive prevalence nation-wide is estimated at only 6.6 per cent. Although exact figures for MCH/family planning coverage do not exist, nation-wide data from 1987 indicate that 27 per cent of expected births were attended by a midwife or traditional birth attendant, 33 per cent of pregnant women attended prenatal consultations, and 24 per cent of high-risk pregnancies were detected.

8. The Government is committed to integrating population components into development planning. This has led to: (a) the creation of a National Population Council in 1983; (b) adoption in 1985 of a national family planning policy and abrogation of the aspects of a 1920 law restricting distribution of contraceptives; and (c) formulation of a national population policy and of a five-year interim population programme. The national health policy, which is based on the promotion of primary health care including maternal and child health, began in 1985-1986 and resulted in the restructuring of the entire health system. Particular emphasis was put on community contributions to improving and financing health care services.

9. The Government is also committed to improving the condition of women as stipulated in the programme of action of the Popular Front, the leading political organization in Burkina Faso. This commitment has manifested itself in the promulgation of a family code in 1988, the setting up of a literacy programme for women and the adoption of a plan of action for the promotion of women, which when finalized will be integrated into the 1991-1995 national development plan.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

10. UNFPA initiated its assistance to Burkina Faso in 1973. The first UNFPA-funded five-year comprehensive population programme for Burkina Faso was approved by the Governing Council in 1980. A second programme was implemented from 1987 to 1990. Total expenditures have amounted to approximately $9.6 million, including $2.4 million for MCH/FP, $2 million for information, education and communication (IEC) and $3.1 million for data collection and analysis.

Maternal and child health and family planning

11. UNFPA support to MCH/FP began in 1982. An MCH/FP Directorate was established within the Ministry of Health, and the number of centres providing family planning services increased from 2 at the beginning of the programme to 53 at the end. At the village level, 125 maternity posts providing delivery services were constructed, and traditional birth attendants (TBAs) and community organizers were trained to provide safer deliveries to women in 150 villages and to educate the village populations on MCH. A programme evaluation undertaken in May 1986 concluded that the programme had had a definite and favourable impact on the development of MCH/FP services, that the required institutional structures for increased programme activities were in place and that family planning awareness had increased as a result.

12. A second programme (1987-1990) aimed at strengthening the newly established national MCH/FP Directorate and the infrastructure established in the first programme. The programme also sought to promote and improve family planning service delivery, especially in villages. The central MCH/FP Directorate staff were trained in family planning techniques, programme management and health statistics, and MCH/FP personnel (18 midwives and 180 auxiliary midwives) were trained in family planning techniques.

13. Several weaknesses have hampered effective MCH/FP service delivery, including the inadequate number of personnel at all levels. Staff trained in family planning techniques tend to be assigned to the three major cities instead of being evenly distributed within the provinces covered by the UNFPA programme. The management information system (MIS), especially for post-natal care and family planning, is inefficient and there have been management problems in seeing that MCH/FP services reach those most in need.

14. The second MCH/FP component in the 1987-1990 programme aimed at establishing a self-supporting health and MCH service delivery system at the village level, with each village having a health team comprising a TBA, a community organizer (both of whom are supported by the community) and a social worker. So far, 450 villages in eight provinces have benefited from this programme. An important constraint encountered during implementation of this component was the lack of income-earning activities that would enable the health care system to be financially self-sufficient.

Information, education and communication

15. Sex education was first introduced into a few secondary schools as an experimental subject in the years 1977-1986 and then was extended to secondary schools nation-wide. Experimental introduction of comprehensive sex and population education subjects into four secondary schools in four major cities of the country has been started. Although sex and family life education is now part of the secondary school curriculum, it is not included in the examination process. Furthermore, the introduction of sex education and population education into the primary schools has not started. Constraints encountered in the implementation

of the programme are the teachers' lack of time to include the new subject of population education in their already crowded programme and their insufficient mastery of the subject matter.

16. A family life and responsible parenthood education programme started in 1989 in six provinces. It was designed to promote family well-being through educational activities to create awareness on MCH/FP, nutrition and environmental issues. Socio-cultural studies were carried out in each province in order to create a base for conceptualizing an information strategy and elaborating educational materials. The lack of a comprehensive information and communication policy and strategy has hampered the successful implementation of activities in this sector.

Data collection and analysis

17. UNFPA furnished support for the 1985 census, the results of which were published in June 1990. A separate analysis of data on women has also been undertaken. The administrative report and the raw data by province are yet to be published. The delays encountered in publishing the analysis and especially the raw census data have resulted in a minimum use of census data in the conceptualization of the 1991-1995 development plan, which is currently in an advanced stage of preparation. UNFPA is also funding a demographic survey, and field work for this will take place in 1991.

Population policy formulation

18. The first Population Unit was established in 1983. It contributed to the collection of statistical data, the training of national personnel and the establishment of an appropriate institutional framework for the formulation and implementation of a population policy. The second phase of this programme started after some delay in September 1989 with the aim of assisting the Government in formulating a formal population policy, integrating population variables into the socio-economic development plan, reinforcing the institutional structure for population and development activities, and improving the technical capacity of national staff. Although a population policy has been drafted and a five-year implementation plan elaborated, the policy has not yet been formally adopted. Moreover, as noted by the PRSD mission, because of a delay in the start-up of the second phase of the programme, it is unlikely that demographic variables will be integrated into the 1991-1995 development plan.

Women, population and development

19. Since 1987, UNFPA has placed special emphasis on integrating women's concerns into all its activities in Burkina Faso. Women have played an important role in the implementation of the programme (five of seven projects were managed by women) and have benefited extensively from programme activities. The training of traditional birth attendants and female community organizers has provided needed expertise in the villages to improve hygiene and child delivery and to promote micro-enterprises for women. UNFPA assistance helped build village maternity posts, create funds to be used for the referral of high-risk pregnancy cases, and replenish TBAs' delivery kits. UNFPA also supported the organization of the 1988 national seminar for the elaboration of a plan of action to improve the condition of women.

Other external assistance

20. In the years 1987-1990, total population assistance to Burkina Faso amounted to $17.7 million. The main donors were UNFPA, the United States Agency for International Development (USAID), the United

Nations Children's Fund (UNICEF) and the World Bank, each having been assigned specific provinces for their technical assistance activities. (UNFPA and UNICEF have complementary activities in four provinces.) In its 1986-1989 programme, totalling $1,450,000, USAID supported family planning activities in 14 provinces through policy development, IEC, training and family planning service delivery. USAID also provided assistance for the 1985 population census. The 1990-1996 USAID programme amounts to $10 million, the bulk of which will go towards MCH/FP service delivery, the setting up of a self-sustaining village pharmacy system, and support to health planning, training and evaluation.

21. UNICEF funded an integrated health programme in the amount of $7.6 million in 1988-1991 operating in 12 provinces and covering activities in the field of MCH and nutrition and women and development. UNICEF has also assisted the Government in launching a programme on women and food security, and on the promotion of income-earning activities. World Bank assistance covering 6 provinces amounts to $637,000 in 1988-1991 with the aim of increasing MCH/FP coverage; strengthening the institutional capacity of the Ministry of Health and Social Affairs in project implementation, monitoring and co-ordination; creating awareness of family planning; and constructing and renovating health centres.

IV. PROPOSED PROGRAMME 1992 - 1996

22. The 1992-1996 proposed UNFPA assistance programme is based on the recommendations of the PRSD mission and a joint UNFPA/Government programme review. The programme has been specially designed to fit within the country's recently formulated population policy. The programme would cover 10 provinces, which include 80 per cent of the country's urban population. Fertility rates are above the national rate in 7 out of the 10 provinces, and literacy rates are higher than the national average. The long-term and immediate objectives of the programme are detailed in paragraph 3 above.

23. The programme strategy would complement the national population policy and programme and address many of the major shortcomings noted by the PRSD mission. Programme activities would thus concentrate on, inter alia: (a) improving the MCH/FP clinical and communication skills of staff at the village level through training in family planning; (b) ensuring a better geographical distribution of MCH/FP personnel, especially midwives; (c) improving the country's MCH/FP management information system; (d) developing a comprehensive IEC strategy specially tailored to the needs of target groups; (e) establishing an effective mechanism to co-ordinate all donor assistance in the population field; (f) expanding the number of staff capable of conducting research in demography and related areas; (g) decentralizing population and development planning; and (h) training women in project formulation, management and evaluation.

Maternal and child health and family planning

24. Taking into account the high maternal and infant mortality rates, the high fertility rates, the high incidence of abortion and teen-age pregnancies and the low contraceptive prevalence rate in the country, the MCH/FP area would be given considerable emphasis in the proposed programme. The formulation and implementation of a decentralized MCH/FP programme will be greatly facilitated by the health infrastructure that the Government has already put into place. The active involvement of provincial medical directors is designed to ensure their commitment to successful programme implementation. A total amount of $4.7 million would be provided to the MCH/FP sector, of which $2.3 million would be sought from other sources, including multi-bilateral sources.

25. In order to address unmet needs for family planning services at all levels, these services would be integrated into all MCH units in the 10 provinces covered by UNFPA. At the end of the programme, family planning services would be available in 13 medical centres and 200 village maternity posts and an effective system for collecting MCH/FP statistics and managing MCH/FP services would have been established. In order to achieve this it will be necessary to organize family planning training and refresher courses for the staff of the MCH units as well as to train medical centre personnel in the collection, analysis and processing of MCH/FP statistics and in the management of the family planning programmes. The programme would stress the community-based distribution of contraceptive methods. Contraceptives such as pills, IUDs, condoms and spermicides would be made available to all health centres, including maternity posts in the villages. In view of the growing spread of HIV infection, AIDS information and education would be integrated into all MCH/FP programmes. An increased supply of condoms would contribute to the objective of reducing the incidence of AIDS and other sexually transmitted diseases.

26. The review of the 1987-1990 programme stressed the importance of paying attention to the family planning and information needs of youth as a means of lowering teen-age pregnancy rates and the incidence of sexually transmitted diseases. UNFPA therefore proposes to establish family planning services in four secondary schools and at the national university. The experiment would be evaluated through an operational research activity that would assess the effect of proposed activities on the attitudes, knowledge and practices of the youth concerned. Research in the field of MCH/FP would include studies on the reasons for the low patronage of the Health and Social Promotion Centres for post-natal-care services, the causes of maternal mortality, and the use of traditional contraceptives. Emphasis would be placed on establishing an effective co-ordination mechanism through frequent meetings and joint field visits between staff of the MCH/FP and other UNFPA-funded health and IEC programmes. A total amount of $4 million would be provided to this component. The executing agency would be the World Population Foundation.

27. A second component of the MCH/FP programme would focus on the promotion of sustainable MCH/FP activities at the village level. Training and refresher courses would be organized for traditional birth attendants, community organizers and social workers. TBAs would be given literacy training to enable them to record births and deaths at the village maternity posts. They would also be given the responsibility to replenish pills and spermicides to acceptors.

28. An important aspect of this component would be the strengthening and expansion of income-earning activities that would make it possible for communities to support the TBAs and community organizers and thereby ensure that MCH/FP and family life services were available at the grass-roots level. UNFPA would provide a total amount of $700,000 to this component, which would continue to be executed by the Université Libre de Bruxelles.

Information, education and communication

29. In the IEC sector, the emphasis would be on helping the Government to develop a comprehensive IEC strategy and to co-ordinate the production of IEC materials. Programme activities would be developed on the basis of additional socio-cultural research and knowledge, attitudes and practices (KAP) surveys covering all the provinces where UNFPA is active. Education and information on AIDS would be included in all activities.

30. Information and communication. As was found by the PRSD mission, donor activities in the field of information and communication are not co-ordinated and no impact analysis has been undertaken. It is

therefore proposed to establish an information and communication co-ordinating committee composed of representatives from the Ministries of Information, Health and Social Affairs, and Education and from UNFPA, USAID, UNICEF and the International Planned Parenthood Federation (IPPF). The Directorate for the Promotion of the Family of the Ministry of Health and Social Affairs would serve as the secretariat. The committee would organize a comprehensive review of materials and socio-cultural research, and would make proposals to fill existing gaps in coverage. The committee would also organize an operational research activity to measure the impact of selected activities (for instance the highly praised "Theatre Forum") on the knowledge, attitudes and practices of the general population. The proposed committee would convene two yearly donor co-ordinating meetings to review new socio-cultural research and discuss plans for future research. Participants at such meetings would also discuss how to harmonize messages presented in materials they produce and discuss their respective overall information and communication strategies and activities.

31. In order to ensure the wide dissemination of easily understandable population, demographic and health information, UNFPA would provide assistance to train journalists from different media in such areas as population information and communication and in women and development and youth issues. In order to strengthen the central staff knowledge of family life education issues, two central level staff members would receive training abroad in the concept of family life education and management. UNFPA assistance to this component would amount to $650,000.

32. Population education. The Government has very recently opened up community centres as part of the drive to increase literacy rates. UNFPA would support four or five of these centres by introducing family life education activities and materials. Two family life education information centres would be opened for out-of-school youth in the two main cities. IEC activities such as lectures on family planning, birthing, and pre- and post-natal care would be continued in all medical centres as well as in selected Health and Social Promotion Centres. UNFPA's assistance to this component would amount to $100,000.

33. UNFPA proposes to extend the teaching of comprehensive sex and population education to all secondary schools and introduce the subject on an experimental basis in four primary schools. Population education would also be introduced as a subject into the curriculum of technical colleges, literacy classes and teachers colleges. The achievement of these goals would require a reorganization of the Population Education Directorate. The population education programme staff, as well as the secondary school teachers already involved in the programme, would receive additional refresher training. New training would be organized for secondary and primary school teachers. The aim would be to become self-sufficient in implementing the project in its next phase. The success of the population education programme will depend on the Government's effectiveness in implementing the planned school reform designed to improve the available infrastructure and to increase the number of teachers and their qualifications. It is essential that sex and family life education be among the subjects included in the final examinations of secondary schools, and that population education teachers be given sufficient time and training to cover the subject adequately. UNFPA would provide assistance to this component in the amount of $800,000.

34. A total amount of $1.55 would be provided to the IEC sector, of which $700,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

35. The objectives in the field of demographic data collection would be to increase knowledge of the population characteristics in Burkina Faso, to gain a better understanding of the relationship between these

characteristics and socio-economic trends, and to better assess the impact of migration on the population growth rate, urbanization and the environment. A total amount of $1.5 million would be provided to the data collection and analysis sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

36. To achieve the above objectives, a third population census is to be undertaken in 1995. The civil registration system would be reviewed and suggestions for its improvement made. A national survey on migration would be undertaken as part of a subregional migration survey being co-ordinated by the Centre for Applied Research on Population and Development. Overall, greater timeliness in the processing, analysis and dissemination of census and survey data would be sought. Added emphasis would be placed on the utilization of those data for policy and programme design, monitoring and evaluation. A continuous effort would be made to ensure that demographic data necessary to implement policies for the advancement of women are collected and analysed. UNFPA would provide $1 million for the census, $400,000 for the migration survey, and $100,000 for the review of the civil registration system. The census would be implemented by the United Nations. The remaining executing agencies are yet to be designated.

Population policy formulation

37. The proposed programme would promote the integration of population variables into all of Burkina Faso's socio-economic plans and programmes, elaborate a co-ordination strategy for population policy implementation, and strengthen the capacity of the Population Unit to monitor and evaluate the population programme. This will require the strengthening of existing and development of new national research capabilities and human resources. The Population Unit would be transformed into a permanent secretariat and strengthened through the addition of staff. The aim would be to create a multi-disciplinary team that would provide administrative support to the National Population Commission and guide the activities of its three specialized subcommissions. In order to improve the co-ordination of the country's population programme, a working group would be appointed to develop a strategy for its implementation. A total amount of $650,000 would be provided to this sector. The project would be implemented by the United Nations.

Population dynamics

38. The overall objective in the field of population dynamics would be to create a formal training programme in demography in order to meet the Government's requirements for population and development specialists. To achieve this objective UNFPA would assist the Government in establishing a demographic training and research unit at the University of Ouagadougou and in developing a curriculum in demography there. In-service training would be organized for civil servants, and specialized courses would be established for students in the departments of Economics, Sociology and Geography as well as for the students at the School of Medicine. A research programme would be set up, the results of which would be used in population and development programming. Two persons would receive graduate-level training in demography to enable them to replace the international expertise that was required initially. The project would be executed by the Université Louvain-la-Nueve. A total amount of $900,000 would be provided to this sector.

Women, population and development

39. The proposed programme aims to enhance women's participation in the monitoring and evaluation of the multi-sectoral programmes for women and to increase their knowledge about women's rights under the family code. UNFPA support would be used to develop a training programme for women in the field of

programme management and evaluation; to educate women, through popular means, of the content of the family code, giving special emphasis to the juridical and social condition of women; to assist government efforts to increase the female literacy rate and to strengthen the secretariat of the Women's Union. UNFPA's assistance to this sector would amount to $200,000. An executing agency for this project is yet to be identified.

Programme reserve

40. A reserve of $500,000 would be set aside to meet unforeseen needs that may arise during the period of the programme.

Programme co-ordination

41. The over-all population programme would be co-ordinated by the secretariat of the National Population Commission, in accordance with a strategy established by a working group appointed for this purpose. The strategy would accommodate the co-ordinating mechanisms described in the MCH/FP and IEC sectors above. In addition, the Ministry of Health and Social Affairs would continue to organize an annual meeting of donors in the field of MCH/FP to review total assistance in that sector. The major donors providing contraceptives (UNFPA, USAID, IPPF) would meet under the chairmanship of the MCH/FP Directorate twice a year to assess the contraceptive needs of the whole country. In the area of women and development, the Ministry of Planning and its Unit of Human Resources is responsible for co-ordinating and implementing the multi-sectoral programme for the advancement of women. The unit will work together with sectoral ministries in order to make sure that women's concerns are taken into account in the programmes of each sectoral ministry.

42. The members of the Joint Consultative Group on Policy (JCGP) have reached an agreement to harmonize their respective programming cycles starting in 1992. UNFPA would ensure that its field activities are co-ordinated with those of the other JCGP members during project formulation. Special emphasis would be placed on co-operation with UNICEF, particularly in the areas of IEC, MCH, and women and development.

Programme monitoring, evaluation and management

43. All UNFPA projects would have built-in monitoring and evaluation components. There would be a mid-term review of the whole programme in 1994 and a final review in 1996. Emphasis would be placed on strengthening the technical, managerial and evaluation capability of the national programme staff through workshops. On the UNFPA side, the proposed programme would be monitored by a Country Director supported by one full-time National Programme Officer and one full-time National Programme Assistant, under the general guidance of the UNFPA Representative, who is also the UNDP Resident Representative.

Financial summary

44. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $10 million, of which $6.5 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $3.5 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate this level of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal child health and and family planning	2,400,000	2,300,000	4,700,000
Information, education and communication	850,000	700,000	1,550,000
Data collection and analysis	1,000,000	500,000	1,500,000
Population policy formulation	650,000	-	650,000
Population dynamics	900,000	-	900,000
Women, population and development	200,000	-	200,000
Programme reserve	500,000	-	500,000
TOTAL	6,500,000	3,500,000	10,000,000

V. RECOMMENDATION

45. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Burkina Faso in the amount of $10 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to commit an amount of $6.5 million from UNFPA's regular resources, subject to the availability of funds;

(c) Further authorize the Executive Director to provide the balance of up to $3.5 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other resources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Burkina Faso and with the executing agencies.